DOCUMENT # A9500000160  HOPS OF LAKELAND, LTD.						OO MAR SECRET	ARY OF STATE		
Principal Place of Business  C/O HOPS GRILL & BAR. INC.  2701 N ROCKY POINT DR SUITE 300  TAMPA FL 33607  Mailing Address  C/O HOPS GRILL & BAR.  2701 N ROCKY POINT DR.  TAMPA FL 33607-5920					E 300		~f41		
2. Principal Place of Business 3. Mailing Address				SS .			LBIB IBIB! BIIII BBIII BBIII BBIII BBIII B	DIST OCHT OCHT THE THE THE TOTAL	
Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number	59-3294657	Applied For Not Applicable	
Zip	Country	Z	Zip Coun		ntry	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
CORPORATION SERVICE COMPANY					Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301-2525									
IALLARIAS	DOEE FL 32301-2323				City		F	Zip Code	
3. The above	named entity submits this	statement for the pu	urpose of changing its	register	ed office or regis	tered agent, or both	, in the State of Florida.		
SIGNATURE _							DAT		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  3. Capital Contributions \$990.00 10. Amount of Capital Contributions					butions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
as Shown on record. In FLOHIDA to date  A GENERAL PARTNER THAT IS A BUSINESS ENTI					UST BE REGI	990.00 SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE.			
12.		artners MAY NOT BAL PARTNER INFO		he form		ent must be filed	ADDRESS CHANGES		
OCUMENT#	P9700009985 HOPS GRILL & BAR, INC.				MEET ADDRESS				
TREET ADDRESS ATY-ST-ZIP 2701 N ROCKY POINT DRIVE, STAMPA FL 33607			IIE 300		Y-ST-ZIP				
DOCUMENT#					KEET ADDRESS	1000032047317			
STREET ADDRESS STY-ST-ZIP				CITY	Y-ST-ZIP		****150.1	00 ****150.00	
OCUMENT# NAME				STR	REET ADDRESS				
STREET ADDRESS CITY - ST - ZIP				cm	Y-ST-ZIP				
oocument# Vame				STR	EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP				CITA	Y∙ST~ZIP				
DOCUMENT# NAME				STR	REET ADORESS				
STREET ADDRESS Phy - ST - ZIP		·		CITA	Y-ST-ZIP		A. AAPH BATTY		
ME				STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				Y-ST-ZIP				
14. I hereby c	ertify that the information	supplied with this fili	ing does not qualify fo	r the exe	emption stated in	Section 119.07(3)(i)	, Florida Statutes. I further	certity that the information	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

ONE THE THE PROPERTY OF THE DESCRIPTION OF THE PROPERTY OF THE

March 27, 2000

Date

813-282-9350

Daytime Phone #

CR2E003 (